PATENT APPLICATION FEE DETERMINATION RECORD								pication or Docket Number					
	PATENT					TION RECO	ORD			91	41-5	543	
CLAIMS AS FILED - PART I								- -		~	:A/C	<u> 北十/.</u>	
				(Column 1)		(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		A 70 76 8		3 : [RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			ASIC FE	E 43/	∏ _{OR}	BASIC FE		
To	OTAL CHARGE	ABLE CLAIMS	30 m	30 minus 20=		.10		XS 9=	9/1	OR			
N	DEPENDENT C	CLAIMS	12 1	/ a minus 3 =		: 9		X40=	10/10		X80=		
M	JLTIPLE DEPE	NDENT CLAIM F	PRESENT	RESENT					300	OR			
li	the difference	e in column 1 is	less than z	ero, enter	"0" in	column 2	L	+135=		OR	+270=		
			•	·				TOTAL	870	OR	TOTAL	4.	
		(Column 1)	AMENDE	MENDED - PART II (Column 2) (C				MALL	ENTITY	OR	OTHER	R THAN ENTITY	
AMENDMENT A	·	CLAIMS REMAINING AFTER	3,10	HIGHI	BER -	PRESENT	ΙГ	DATE	ADDI- TIONAL	7	DATE	ADDI-	
	·	AMENDMENT		PREVIO PAID F		EXTRA		RATE	FEE		RATE	TIONA FEE	
	Total	-	Minus			=	;	K\$ 9=		OR	X\$18=		
	Independent	NTATION OF M	Minus	OENDENT.	CI A114			K40=		OR	X80=		
_		OLTIPLE DE	TIFEL DEFENDENT C		IM		135=	T.	OR	+270=			
						. 1	L	TOTAL		OB	TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)	ADE	DIT. FEE		Jon A	ADDIT. FEE		
1		CLAIMS REMAINING	2-11	HIGHE	ST				ADDI-	1 · r		ADDI-	
		AFTER AMENDMENT		NUMB PREVIOI PAID F	JSLY	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	TIONAL	
	Total	•	Minus	••		= ,	>	\$ 9=	,	OR	X\$18=	ree	
AWENDINGIN	Independent	•	Minus	***		= .	,	(40=			X80=	 .	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
						,	Ľ	135=		OR	+270=		
		٠,					ADD	TOTAL IT. FEE		OR ,	TOTAL ADDIT. FEE		
_		(Column 1)		(Colum		(Column 3)							
l	· i	CLAIMS REMAINING	77.	HIGHE NUMBE		PRESENT	Г		ADDI-	ſ		ADDI-	
ŀ	· i	AFTER AMENDMENT	100 × 100	PREVIOL PAID FO		EXTRA	R	ATE	TIONAL FEE		RATE	TIONAL FEE	
L	Total	•	Minus	**		=	X	\$ 9=		OR	X\$18=		
H	ndependent	•	Minus	***		=	×	40=			X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
ıf	the entry in colum	nn 1 is less than th	e entry in colum	mn 2 write ")" in cal·	Imo 3	1	35=		OR	+270=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE									OR A	TOTAL DDIT. FEE			
TI	ne "Highest Numl	per Previously Paid	For (Total or	Independen	t) is the	highest number	found li	the app	ropriate box	in colu	mn 1.		